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Berkeley National Laboratory  
Office of the Laboratory Counsel  
Patent Department  
MS 90B-0104

# FAX

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TO: Examiner Mark Lance Shibuya

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TOTAL NUMBER OF PAGES (INCLUDING THIS ONE): 21

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**PLEASE DELIVER TO EXAMINER MARK L. SHIBUYA.**

Practitioner's Docket No. IB-1695

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: John T. Groves, et al..

Application No.: 10/076,727

Group No.: 1639

Filed: 02/13/2002

Examiner: Shibuya

For: Modulation of Cellular Adhesion with Lipid Membrane Micro-Arrays

REMARKS:

Dear Examiner Shibuya:

Attached to this cover sheet is a Request for continued examination and an amendment and response for the application listed above. If you encounter any problems with this transmission, please call me at (510) 495-2456.

Thank you.

Respectfully submitted,

Michelle S. Chew

Reg. No. 50,456

Ernest Orlando Lawrence Berkeley National Laboratory  
One Cyclotron Road | Berkeley, California 94720

FEB 03 2006

PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0951-0031  
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|   |                      |                        |         |
|---|----------------------|------------------------|---------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/076,727             |         |
|   | Filing Date          | February 13, 2002      |         |
|   | First Named Inventor | John T Groves          |         |
|   | Art Unit             | 1639                   |         |
|   | Examiner Name        | Mark L Shibuya         |         |
| Total Number of Pages in This Submission  | 20                   | Attorney Docket Number | IB-1695 |

| ENCLOSURES (Check all that apply)  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Exhibit A (3 pages) |
| Remarks  |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                       |          |        |
|--|---------------------------------------|----------|--------|
| Firm Name                                  | Lawrence Berkeley National Laboratory |          |        |
| Signature                                  | <i>Michelle S Chew</i>                |          |        |
| Printed name                               | Michelle S Chew                       |          |        |
| Date                                       | 03 February 2006                      | Reg. No. | 50,456 |

| CERTIFICATE OF TRANSMISSION/MAILING   |                        |      |            |
|---|------------------------|------|------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |                        |      |            |
| Signature   | <i>Michelle S Chew</i> |      |            |
| Typed or printed name   | Michelle S. Chew       | Date | 02/03/2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEB 03 2006

PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
395.00**Complete if Known**

|                      |                   |
|----------------------|-------------------|
| Application Number   | 10/076,727        |
| Filing Date          | February 13, 2002 |
| First Named Inventor | John T Groves     |
| Examiner Name        | Mark L Shibuya    |
| Art Unit             | 1639              |
| Attorney Docket No.  | IB-1695           |

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 120690 Deposit Account Name: Lawrence Berkeley National Laboratory

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x 125.00 = 0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)      **Fees Paid (\$)**

Other (e.g., late filing surcharge): Request for Continued Examination      395.00

**SUBMITTED BY**

|                   |                        |                                   |                  |           |                |
|-------------------|------------------------|-----------------------------------|------------------|-----------|----------------|
| Signature         | <i>Michelle S Chew</i> | Registration No. (Attorney/Agent) | 50456            | Telephone | 1-510-495-2456 |
| Name (Print/Type) | Michelle S Chew        | Date                              | February 3, 2006 |           |                |

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